Best Available Copy

CLAIMS ONLY

Application Number	Filing Date
10-033715	10-18-05

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
2							52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8	/						58						
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12		/					62						
13							63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	9						Total Indep						
Total Depend	13						Total Depend						
Total Claims	22						Total Claims						